

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM NO. 375)**

SERIAL NO.	_____	FILING DATE	_____
APPLICANT(S)	_____		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.	9					
TOTAL DEP.	106					
TOTAL CLAIMS	115					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.						
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